

E-filed on _____

**Steven A. Alpert (NV
8353)**

Name

8353) NV

Bar Code #

**5940 South Rainbow
Blvd., Suite 3014
Las Vegas, NV 89118**

Address

(818)600-5555

Phone Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**In re: **Perla Maria Merezko**Case No.: **19-17398-btb**Chapter: **7**Trustee **Troy S. Fox**

Debtor(s)

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- ☐ Voluntary Petition (specify reason for amendment)
- ☐ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as exempt
- ☒ Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- ☒ Add/delete creditor(s), change amount or classification of debt - **\$31 Fee required**
- ☐ Add/change address of already listed creditor - **No fee**
- ☐ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☐ Schedule H - CoDebtors
- ☒ Schedule I - Current Income of Individual Debtor(s)
- ☒ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other: __

E-filed on August 10, 2020

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: www.nvb.uscourts.gov

Declaration of Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.


Perla Maria Merozko

Debtor's Signature

Date: August 10, 2020

Fill in this information to identify your case:

Debtor 1	Perla Maria Merezko		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEVADA		
Case number (if known)	19-17398-btb		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	ADVANCED ORTHOPEDICS & SPORTS MED "A"	Last 4 digits of account number	5716	Total claim \$37.15
	Nonpriority Creditor's Name PO BOX 50605 Henderson, NV 89016	When was the debt incurred?	2019	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify MEDICAL		

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

4.2

Amex

Nonpriority Creditor's Name

**P.O. Box 981537
El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1063****\$2,163.61**When was the debt incurred? **Opened 10/89 Last Active 11/19/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.3

Bank Of America

Nonpriority Creditor's Name

**Po Box 982238
El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0091****\$3,646.68**When was the debt incurred? **Opened 12/12 Last Active 11/01/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.4

Cavalry Portfolio Serv

Nonpriority Creditor's Name

**500 Summit Lake Drive
Valhalla, NY 10595**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5491****\$5,853.20**When was the debt incurred? **Opened 05/19****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Attorney Citibank**

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb

4.5

Cavalry SPV I, LLC as assignee of "A"

Nonpriority Creditor's Name

Ford Credit US**500 Summit Lake Drive Ste 400****Valhalla, NY 10595**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7090****\$2,072.28**When was the debt incurred? **09/10/2004**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection for Ford Motor Credit Company**
\$2,072.28

4.6

Clark County Collection Service "A"

Nonpriority Creditor's Name

8860 W Sunset Rd. Suite 100**Las Vegas, NV 89148-4899**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$1,213.65When was the debt incurred? **2/28/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **MOVE OUT FEES FOR 201 MISSION**
LAGUNA LN. #203

4.7

Jpmcb Card

Nonpriority Creditor's Name

Po Box 15369**Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1089****\$5,404.61**When was the debt incurred? **Opened 11/15 Last Active 8/20/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb

4.8

Jpmcb Card

Nonpriority Creditor's Name

**Po Box 15369
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7618****\$1,001.51**When was the debt incurred? **Opened 11/15 Last Active 8/20/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.9

LABCORP "A"

Nonpriority Creditor's Name

**PO BOX 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9623****\$46.30**When was the debt incurred? **2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL**4.1
0**LABCORP "A"**

Nonpriority Creditor's Name

**PO BOX 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7580****\$89.51**When was the debt incurred? **2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL**

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb4.1
1**LABORATORY MEDICINE "A"**

Nonpriority Creditor's Name

**CONSULTANTS LTD-OAPC
8085 RIVERS AVE #100
Charleston, SC 29406**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **3144****\$171.66**When was the debt incurred? **2019-2020**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **MEDICAL**

4.1
2**LABORATORY MEDICINE
CONSULTANTS "A"**

Nonpriority Creditor's Name

**PO BOX 3475
KY 42607**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **3933****\$73.00**When was the debt incurred? **2020**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **MEDICAL**

4.1
3**LVNV Funding LLC "A"**

Nonpriority Creditor's Name

**c/o Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number **1910****\$1,013.74**When was the debt incurred? **1994**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection for GE Money Bank**

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

4.1 4	Macys/dsnb Nonpriority Creditor's Name Po Box 8218 Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1320 When was the debt incurred? Opened 10/08 Last Active 7/24/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$2,772.95
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4.1 5	Midland Credit Management Inc "A" Nonpriority Creditor's Name PO Box 2037 Warren, MI 48090 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Citibank, N.A.	\$633.86
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4.1 6	Midland Credit Management Inc "A" Nonpriority Creditor's Name PO Box 2037 Warren, MI 48090 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Capital One Bank (USA), N.A.	\$3,048.78
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Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb4.1
7**Midland Credit Management Inc
"A"**

Nonpriority Creditor's Name

PO Box 2037**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$962.01**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Lending Club/Comenity Capital Bank)**

4.1
8**Midland Credit Management Inc
"A"**

Nonpriority Creditor's Name

PO Box 2037**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$3,289.03**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Walmart**

4.1
9**Portfolio Recov Assoc**

Nonpriority Creditor's Name

120 Corporate Blvd Ste 100**Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

1028**\$6,685.72****When was the debt incurred?****Opened 10/18****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Synchrony Bank**

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb4.2
0**Portfolio Recov Assoc**

Nonpriority Creditor's Name

**120 Corporate Blvd Ste 100
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **8696****\$1,114.14**When was the debt incurred? **Opened 03/19****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Synchrony Bank**4.2
1**The Bureaus Inc**

Nonpriority Creditor's Name

**650 Dundee Road
Northbrook, IL 60062**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **0839****\$1,261.65**When was the debt incurred? **Opened 04/19****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney First National Bank Of Omaha**4.2
2**UNLV MEDICINE "A"**

Nonpriority Creditor's Name

**PO BOX 516559
Los Angeles, CA 90051**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **6267****\$169.68**When was the debt incurred? **2019 -2020****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL**

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**4.2
3**Wells Fargo**Last 4 digits of account number **9024** **\$2,917.90**

Nonpriority Creditor's Name

**Credit Bureau Dispute Resoluti
CASE#17C017463**When was the debt incurred? **Opened 07/12 Last Active
1/15/19****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Credit Card-LAWSUIT**4.2
4**Wf/dillard**Last 4 digits of account number **9810** **\$1,217.00**

Nonpriority Creditor's Name

Po Box 14517When was the debt incurred? **Opened 02/14 Last Active
9/21/18****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Credit Card**4.2
5**Wf/preferr**Last 4 digits of account number **7228** **\$6,841.22**

Nonpriority Creditor's Name

Po Box 14517When was the debt incurred? **Opened 03/16 Last Active
6/28/17****CASE#17C017463****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Charge Account****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Aargon Agency Inc. "A"
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3260

Name and Address

Citibank National Association
701 East 60th Street North
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

First National Bank of Omaha
P.O Box 2951
Omaha, NE 68103-2951

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Laboratory Medicine Consultants
"A"
File 749203
Los Angeles, CA 90074-9203

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3144

Name and Address

Laboratory Medicine Consultants
"A"
File 749203
Los Angeles, CA 90074-9203

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3933

Name and Address

Las Vegas Justice Court
200 Lewis Avenue
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

LAS VEGAS TWSHP JUSTICE
COURT "A"
200 LEWIS AVE. PO BOX 552511
CASE#17C017463
Las Vegas, NV 89155

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Mandarich Law "A"
2505 Anthem Village Dr Suite E-576
Henderson, NV 89052

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3923

Name and Address

Mandarich Law "A"
PO BOX 109032
Chicago, IL 60610

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3923

Name and Address

OFFICE OF THE EX OFFICIO
CONSTABLE
301 E. CLARK AVE. SUITE 100
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

Name and Address

QUALEY LAW GROUP
2320 PASEO DEL PRADO, B-205
CASE#17-C017463
Las Vegas, NV 89102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

QUALEY LAW GROUP "A"
2320 PASEO DEL PRADO, BLDG. B
STE 205
CASE #17C017463
Las Vegas, NV 89102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank
P.O. Box 960061
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank
P.O. Box 960061
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

VINCENT SERAFINO GEARY "A"
WADDELL JENEVEIN
823 LAS VEGAS BLVD. S, STE 240
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	53,700.84
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	53,700.84

Fill in this information to identify your case:

Debtor 1 Perla Maria MerezkoDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: DISTRICT OF NEVADACase number 19-17398-btb
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. \$ 0.00 \$ N/A

3. +\$ 0.00 +\$ N/A

4. \$ 0.00 \$ N/A

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 1,833.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,833.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,833.00 + \$ N/A = \$ 1,833.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,833.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Unknown.		

Fill in this information to identify your case:

Debtor 1 Perla Maria Merezko

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number 19-17398-btb
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,750.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

<p>6. Utilities:</p> <p>6a. Electricity, heat, natural gas</p> <p>6b. Water, sewer, garbage collection</p> <p>6c. Telephone, cell phone, Internet, satellite, and cable services</p> <p>6d. Other. Specify: <u>Natural Gas</u></p> <p style="margin-left: 20px;"><u>Cell phone</u></p> <p>7. Food and housekeeping supplies</p> <p>8. Childcare and children's education costs</p> <p>9. Clothing, laundry, and dry cleaning</p> <p>10. Personal care products and services</p> <p>11. Medical and dental expenses</p> <p>12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</p> <p>13. Entertainment, clubs, recreation, newspapers, magazines, and books</p> <p>14. Charitable contributions and religious donations</p> <p>15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.</p> <p>15a. Life insurance</p> <p>15b. Health insurance</p> <p>15c. Vehicle insurance</p> <p>15d. Other insurance. Specify: _____</p> <p>16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____</p> <p>17. Installment or lease payments:</p> <p>17a. Car payments for Vehicle 1</p> <p>17b. Car payments for Vehicle 2</p> <p>17c. Other. Specify: _____</p> <p>17d. Other. Specify: _____</p> <p>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</p> <p>19. Other payments you make to support others who do not live with you. Specify: _____</p> <p>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</p> <p>20a. Mortgages on other property</p> <p>20b. Real estate taxes</p> <p>20c. Property, homeowner's, or renter's insurance</p> <p>20d. Maintenance, repair, and upkeep expenses</p> <p>20e. Homeowner's association or condominium dues</p> <p>21. Other: Specify: <u>contingency</u></p> <p>22. Calculate your monthly expenses</p> <p>22a. Add lines 4 through 21.</p> <p>22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2</p> <p>22c. Add line 22a and 22b. The result is your monthly expenses.</p> <p>23. Calculate your monthly net income.</p> <p>23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.</p> <p>23b. Copy your monthly expenses from line 22c above.</p> <p>23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i>.</p> <p>24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Explain here:</p>	<table border="0"> <tr><td>6a. \$</td><td style="text-align: right;">100.00</td></tr> <tr><td>6b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>6c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>6d. \$</td><td style="text-align: right;">60.00</td></tr> <tr><td>\$</td><td style="text-align: right;">122.00</td></tr> <tr><td>7. \$</td><td style="text-align: right;">200.00</td></tr> <tr><td>8. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>9. \$</td><td style="text-align: right;">95.00</td></tr> <tr><td>10. \$</td><td style="text-align: right;">60.00</td></tr> <tr><td>11. \$</td><td style="text-align: right;">40.00</td></tr> <tr><td>12. \$</td><td style="text-align: right;">200.00</td></tr> <tr><td>13. \$</td><td style="text-align: right;">50.00</td></tr> <tr><td>14. \$</td><td style="text-align: right;">20.00</td></tr> <tr><td>15a. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15c. \$</td><td style="text-align: right;">190.00</td></tr> <tr><td>15d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>16. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17a. \$</td><td style="text-align: right;">585.00</td></tr> <tr><td>17b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>18. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>19.</td><td></td></tr> <tr><td>20a. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20e. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>21. +\$</td><td style="text-align: right;">75.00</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0" style="width: 100%;"> <tr><td style="width: 60%;">\$</td><td style="text-align: right;">3,547.00</td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td style="text-align: right;">3,547.00</td></tr> </table> </div> <table border="0"> <tr><td>23a. \$</td><td style="text-align: right;">1,833.00</td></tr> <tr><td>23b. -\$</td><td style="text-align: right;">3,547.00</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0" style="width: 100%;"> <tr><td style="width: 60%;">23c. \$</td><td style="text-align: right;">-1,714.00</td></tr> </table> </div>	6a. \$	100.00	6b. \$	0.00	6c. \$	0.00	6d. \$	60.00	\$	122.00	7. \$	200.00	8. \$	0.00	9. \$	95.00	10. \$	60.00	11. \$	40.00	12. \$	200.00	13. \$	50.00	14. \$	20.00	15a. \$	0.00	15b. \$	0.00	15c. \$	190.00	15d. \$	0.00	16. \$	0.00	17a. \$	585.00	17b. \$	0.00	17c. \$	0.00	17d. \$	0.00	18. \$	0.00	\$	0.00	19.		20a. \$	0.00	20b. \$	0.00	20c. \$	0.00	20d. \$	0.00	20e. \$	0.00	21. +\$	75.00	\$	3,547.00	\$		\$	3,547.00	23a. \$	1,833.00	23b. -\$	3,547.00	23c. \$	-1,714.00
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Fill in this information to identify your case:

Debtor 1	Perla Maria Merezko		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEVADA			
Case number (if known)	19-17398-btb		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Perla Maria Merezko
Signature of Debtor 1

X _____
Signature of Debtor 2

Date **August 10, 2020**

X _____
Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

**United States Bankruptcy Court
District of Nevada**

In re Perla Maria Merezko

Debtor(s)

Case No. 19-17398-btb
Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: August 10, 2020


Perla Maria Merezko
Signature of Debtor

Perla Maria Merezko
7813 Riviera Beach Drive
Las Vegas, NV 89128

Steven A. Alpert (NV 8353)
Price Law Group, APC
5940 South Rainbow Blvd., Suite 3014
Las Vegas, NV 89118

Aargon Agency Inc. "A"
Acct No 4600-033260
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

ADVANCED ORTHOPEDICS & SPORTS MED "A"
Acct No xxx5716
PO BOX 50605
Henderson, NV 89016

Amex
Acct No xxxxxxxxxxxxxx1063
P.o. Box 981537
El Paso, TX 79998

Bank Of America
Acct No xxxxxxxxxxxxxx0091
Po Box 982238
El Paso, TX 79998

Bmw Financial Services
Acct No xxxxxx6471
Po Box 3608
Dublin, OH 43016

Cavalry Portfolio Serv
Acct No xxxx5491
500 Summit Lake Drive
Valhalla, NY 10595

Cavalry SPV I, LLC as assignee of "A"
Acct No 7090
Ford Credit US
500 Summit Lake Drive Ste 400
Valhalla, NY 10595

Citibank National Association
Acct No xxxx5491
701 East 60th Street North
Sioux Falls, SD 57104

Clark County Collection Service "A"
8860 W Sunset Rd. Suite 100
Las Vegas, NV 89148-4899

First National Bank of Omaha
Acct No xxxxx0839
P.O Box 2951
Omaha, NE 68103-2951

Jpmcb Card
Acct No xxxxxxxxxxxx1089
Po Box 15369
Wilmington, DE 19850

Jpmcb Card
Acct No xxxxxxxxxxxx7618
Po Box 15369
Wilmington, DE 19850

LABCORP "A"
Acct No xxxx9623
PO BOX 2240
Burlington, NC 27216

LABCORP "A"
Acct No xxxx7580
PO BOX 2240
Burlington, NC 27216

LABORATORY MEDICINE "A"
Acct No xxxx-xxxx3144
CONSULTANTS LTD-OAPC
8085 RIVERS AVE #100
Charleston, SC 29406

LABORATORY MEDICINE CONSULTANTS "A"
Acct No xxxx-xxxx3933
PO BOX 3475
KY 42607

Laboratory Medicine Consultants "A"
Acct No 5687-14513144
File 749203
Los Angeles, CA 90074-9203

Laboratory Medicine Consultants "A"
Acct No 5687-14333933
File 749203
Los Angeles, CA 90074-9203

Las Vegas Justice Court
Acct No xxxxxxxxxxxx7228
200 Lewis Avenue
CASE#17C017463
Las Vegas, NV 89101

LAS VEGAS TWNSHP JUSTICE COURT "A"
Acct No xxxxxxxxxxxxxx9024
200 LEWIS AVE. PO BOX 552511
CASE#17C017463
Las Vegas, NV 89155

LVNV Funding LLC "A"
Acct No 1910
c/o Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

Macys/dsnb
Acct No xxxxxxxxx1320
Po Box 8218
Mason, OH 45040

Mandarich Law "A"
Acct No 4263923
2505 Anthem Village Dr Suite E-576
Henderson, NV 89052

Mandarich Law "A"
Acct No 4263923
PO BOX 109032
Chicago, IL 60610

Midland Credit Management Inc "A"
PO Box 2037
Warren, MI 48090

OFFICE OF THE EX OFFICIO CONSTABLE
Acct No xxxxxxxxxxxxxx7228
301 E. CLARK AVE. SUITE 100
CASE#17C017463
Las Vegas, NV 89101

Portfolio Recov Assoc
Acct No xxxxxxxxxxxxxx1028
120 Corporate Blvd Ste 100
Norfolk, VA 23502

Portfolio Recov Assoc
Acct No xxxxxxxxxxxxxx8696
120 Corporate Blvd Ste 100
Norfolk, VA 23502

QUALEY LAW GROUP
Acct No xxxxxxxxxxxxxx7228
2320 PASEO DEL PRADO, B-205
CASE#17-C017463
Las Vegas, NV 89102

QUALEY LAW GROUP "A"
Acct No xxxxxxxxxxxxxx9024
2320 PASEO DEL PRADO, BLDG. B STE 205
CASE #17C017463
Las Vegas, NV 89102

Synchrony Bank
Acct No xxxxxxxxxxxxxx1028
P.O. Box 960061
Orlando, FL 32896

Synchrony Bank
Acct No xxxxxxxxxxxxxx8696
P.O. Box 960061
Orlando, FL 32896

The Bureaus Inc
Acct No xxxxxx0839
650 Dundee Road
Northbrook, IL 60062

UNLV MEDICINE "A"
Acct No xxx6267
PO BOX 516559
Los Angeles, CA 90051

VINCENT SERAFINO GEARY "A"
Acct No xxxxxxxxxxxxxx9024
WADDELL JENEVEIN
823 LAS VEGAS BLVD. S, STE 240
CASE#17C017463
Las Vegas, NV 89101

Wells Fargo
Acct No xxxxxxxxxxxxxx9024
Credit Bureau Dispute Resoluti
CASE#17C017463
Des Moines, IA 50306

Wf/dillard
Acct No xxxxxxxxxxxxxx9810
Po Box 14517
Des Moines, IA 50306

Wf/preferr
Acct No xxxxxxxxxxxxxx7228
Po Box 14517
CASE#17C017463
Des Moines, IA 50306

Steven Alpert, SBN: 8353
Price Law Group, APC
5940 S. Rainbow Blvd, Ste 3014
Las Vegas, NV 89118
(702)794-2008 (Tel)
(702)794-2009 (Fax)
alpert@pricelawgroup.com

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**

IN RE:

PERLA MARIA MEREZKO

Case No.: 19-17398-btb
Chapter 7

Debtor

CERTIFICATE OF SERVICE

1. On August 12, 2020 (*date*) I served the following document(s) (*specify*):

Amended Schedule E/F; Amended Schedule I; Amended Schedule J; Amended Creditor Matrix

2. I served the above-named document(s) by the following means to the persons as listed below:

(Check all that apply)

☒ **a. ECF System** (*You must attach the "Notice of Electronic Filing", or list all persons and addresses and attach additional paper if necessary*)

- **STEVEN A ALPERT** enotice@pricelawgroup.com, alpert@pricelawgroup.com
- **TROY S. FOX** trusteefox@crosby-fox.com, NV34@ecfcbis.com
- **U.S. TRUSTEE - LV - 7** USTPRegion17.LV.ECF@usdoj.gov

☒ **b. United States mail, postage fully prepaid**
(List persons and addresses. Attach additional paper if necessary)

DEBTOR
Perla Merezko
7813 Riviera Beach Drive
Las Vegas, NV 89128

CREDITORS
Aargon Agency Inc.
Acct No 4600-033260
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

1 ADVANCED ORTHOPEDICS & SPORTS MED

2 Acct No xxx5716

3 PO BOX 50605

4 Henderson, NV 89016

5 Cavalry Portfolio Serv

6 Acct No xxxx5491

7 500 Summit Lake Drive

8 Valhalla, NY 10595

9 Cavalry SPV I, LLC as assignee of

10 Acct No 7090

11 Ford Credit US

12 500 Summit Lake Drive Ste 400

13 Valhalla, NY 10595

14 Citibank National Association

15 Acct No xxxx5491

16 701 East 60th Street North

17 Sioux Falls, SD 57104

18 Clark County Collection Service

19 8860 W Sunset Rd. Suite 100

20 Las Vegas, NV 89148-4899

21 LABCORP

22 Acct No xxxx9623

23 PO BOX 2240

24 Burlington, NC 27216

25 LABCORP

26 Acct No xxxx7580

27 PO BOX 2240

28 Burlington, NC 27216

29 LABORATORY MEDICINE CONSULTANTS

30 Acct No xxxx-xxxx3933

31 PO BOX 3475

32 KY 42607

33 Laboratory Medicine Consultants

34 Acct No 5687-14513144

35 File 749203

36 Los Angeles, CA 90074-9203

37 Laboratory Medicine Consultants

38 Acct No 5687-14333933

39 File 749203

40 Los Angeles, CA 90074-9203

1 LABORATORY MEDICINE CONSULTANTS LTD-OAPC

2 Acct No xxxx-xxxx3144
3 8085 RIVERS AVE #100
4 Charleston, SC 29406

5 LAS VEGAS TWNSHP JUSTICE COURT

6 Acct No xxxxxxxxxxxx9024
7 200 LEWIS AVE. PO BOX 552511
8 CASE#17C017463
9 Las Vegas, NV 89155

10 LVNV Funding LLC

11 Acct No 1910
12 c/o Resurgent Capital Services
13 PO Box 10587
14 Greenville, SC 29603-0587

15 Macys/dsnb

16 Acct No xxxxxxxx1320
17 Po Box 8218
18 Mason, OH 45040

19 Mandarin Law

20 Acct No 4263923
21 2505 Anthem Village Dr Suite E-576
22 Henderson, NV 89052

23 Mandarin Law

24 Acct No 4263923
25 PO BOX 109032
26 Chicago, IL 60610

27 Midland Credit Management Inc

28 PO Box 2037
Warren, MI 48090

QUALEY LAW GROUP

Acct No xxxxxxxxxxxx9024
2320 PASEO DEL PRADO, BLDG. B STE 205
CASE #17C017463
Las Vegas, NV 89102

UNLV MEDICINE

Acct No xxx6267
PO BOX 516559
Los Angeles, CA 90051

1 Wells Fargo

2 Acct No xxxxxxxxxxxxxx9024

3 Credit Bureau Dispute Resoluti

4 CASE#17C017463

5 Des Moines, IA 50306

6 VINCENT SERAFINO GEARY WADDELL JENEVEIN

7 Acct No xxxxxxxxxxxxxx9024

8 823 LAS VEGAS BLVD. S, STE 240

9 CASE#17C017463

10 Las Vegas, NV 89101

11 REQUEST FOR SPECIAL NOTICE

12 BMW BANK OF NORTH AMERICA

13 C/O AIS PORTFOLIO SERVICES, LP

14 4515 N SANTA FE AVE., DEPT APS

15 OKLAHOMA CITY, OK 73118

16 CAVALRY SPV I, LLC

17 500 SUMMIT LAKE DR, STE 400

18 VALHALLA, NY 10595

19 LVNV FUNDING LLC

20 C/O RESURGENT CAPITAL SERVICES

21 PO BOX 10587

22 GREENVILLE, SC 29603-0587

23 PRA RECEIVABLES MANAGEMENT, LLC

24 PO BOX 41021

25 NORFOLK, VA 23541

26 ☐ **c. Personal Service** (*List persons and addresses. Attach additional paper if necessary*)

27 I personally delivered the document(s) to the persons at these addresses:

28 ☐ For a party represented by an attorney, delivery was made by handing the document(s) to the attorney or by leaving the documents(s) at the attorney's office with a clerk or other person in charge, or if no one is in charge by leaving the documents(s) in a conspicuous place in the office.

☐ For a party, delivery was made by handing the document(s) to the party or by leaving the document(s) at the person's dwelling house or usual place of abode with someone of suitable age and discretion residing there.

☐ **d. By direct email (as opposed to through the ECF System)**

(List persons and email addresses. Attach additional paper if necessary)

Based upon the written agreement of the parties to accept service by email or a court order, I caused the document(s) to be sent to the persons at the email addresses listed below. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

☐ **e. By fax transmission (List persons and fax numbers. Attach additional paper if necessary)**

Based upon the written agreement of the parties to accept service by fax transmission or a court order, I faxed the document(s) to the persons at the fax numbers listed below. No error was reported by the fax machine that I used. A copy of the record of the fax transmission is attached.

☐ **f. By messenger (List persons and addresses. Attach additional paper if necessary)**

I served the document(s) by placing them in an envelope or package addressed to the persons at the addresses listed below and providing them to a messenger for service. (A declaration by the messenger must be attached to this Certificate of Service).

I declare under penalty of perjury that the foregoing is true and correct.

Signed on (date): August 12, 2020

Ryan Davis
(NAME OF DECLARANT)

/s/ Ryan Davis
(SIGNATURE OF DECLARANT)